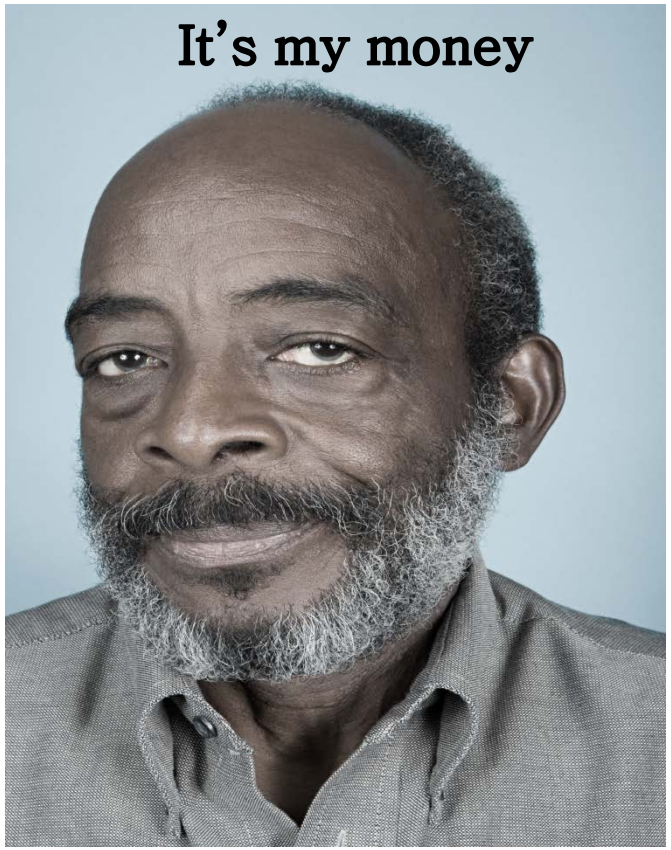
Elder Abuse and Self-Neglect



Acknowledgements

Authors: Christopher G. Mitchell, PhD, LCSW

Valerie Gruss, PhD, APN, CNP-BC

Editor: Memoona Hasnain, MD, MHPE, PhD

Peer Reviewer: Louise Starmann, LCSW

Expert Interviewee: Louise Starmann, LCSW

Film Introduction: Millie Case Example

Suspected Exploitation: What Would You Do?

- Millie Green is an 81-year-old widow who lives by herself
- She relies on her 55-year-old daughter and her 30-year-old grandson to assist her with basic household tasks, shopping, and other errands
- Millie has chronic obstructive pulmonary disease (COPD), which is well managed with inhaled corticosteroid medications
- At a recent appointment with her primary care physician, Millie disclosed that she had not been taking her medication in recent days

Film Introduction: Millie Case Example

Suspected Exploitation: What Would You Do?

- Upon further discussion, Millie explained that she gave her grandson money to pick up her recent prescription refill, but he never returned with the medication
- Millie explained that her grandson has “borrowed” money from her in the past on several occasions without her authorization and has not repaid her
- He once even forged her signature on a check
- Millie has been reluctant to say anything about her grandson’s behavior out of fear of getting him in trouble

Learning Objectives

Upon completion of this module, learners will be able to:

1. Differentiate the various types of elder abuse and elder self-neglect
2. Define the scope of the problems of elder abuse and elder self-neglect and describe the complexities of assessing and responding to abuse and self-neglect
3. Detect the warning signs of potential elder abuse and elder self-neglect
4. Review the screening and assessment tools for elder abuse and self-neglect
5. Explain the role of interprofessional care teams in responding to elder abuse or self-neglect

Defining Elder Abuse

Defining Elder Abuse

- Elder abuse includes physical, sexual, or psychological abuse, as well as neglect, abandonment, and/or the financial exploitation of an older person by another person or entity
  - Elder abuse may occur in any setting (e.g., at home, in a facility, or in the community)
  - Occurs in a relationship where there is an expectation of trust and/or when the older person is specifically targeted based on age or disability
  - Multiple forms of elder abuse may occur at the same time

(National Center on Elder Abuse, 2016)

Types of Elder Abuse

Type of Elder Abuse	Definition
Neglect (49%)	Refusal or failure to fulfill any part of a person's obligations or duties to an elder
Emotional/Psychological Abuse (35%)	Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts
Physical Abuse (30%)	Use or threat of the use of physical force that may result in bodily injury, physical pain, or impairment
Financial Exploitation (26%)	The illegal or improper use of a vulnerable adult's funds, property, or assets

(National Center on Elder Abuse, 2016)

Types of Elder Abuse

Type of Elder Abuse	Definition
Abandonment (4%)	Desertion of an older adult by an individual who had assumed responsibility for providing care for the adult, or by a person with physical custody of the adult
Sexual Abuse (1%)	Non-consensual sexual contact of any kind

(National Center on Elder Abuse, 2016)

Defining Self-Neglect

Older Adult Self-Neglect

- Self-neglect is an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care duties, including:
  - Obtaining essential food, clothing, shelter, and medical care
  - Obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety
  - Managing one's own financial affairs

(National Center on Elder Abuse, 2016)

Older Adult Self-Neglect

But Keep in Mind That:

- Lifestyle choices or living arrangements alone don't prove self-neglect
- Self-neglect may occur simultaneously with other forms of elder abuse and may precede or follow an elder abuse victimization

(National Center on Elder Abuse, 2016)

Scope of Elder Abuse and Self-Neglect

Scope of Elder Abuse and Self-Neglect

- Occur among older adults, regardless of gender, race or ethnicity, living arrangements, health status, and socioeconomic status

  (National Adult Protective Services Association, 2016)

- No definitive statistics on the occurrence of elder abuse or self-neglect

Scope of Elder Abuse and Self-Neglect

Elder Abuse	
Prevalence estimate	1 of 10 persons over age 60 and living at home experiences abuse or neglect (CDC, 2015)
Abuse is often missed	By professionals who lack proper training to detect it (National Center on Elder Abuse, 2016)
Elders often do not report abuse	Because of fear of retaliation, lack physical and/or cognitive ability to report, or because they do not want to get the abuser in trouble (National Center on Elder Abuse, 2016)
Financial exploitation	Is self-reported at a rate considerably higher than self-reported rates of emotional, physical, and sexual abuse or neglect (National Center on Elder Abuse, 2016)
Self-Neglect	
Self-neglect	Is among the most common reasons for investigations (CDC, 2015)

Scope of Elder Abuse or Self-Neglect

- Elder abuse and self-neglect result in significantly higher rates of psychological distress and health problems, including bone or joint problems, digestive problems, chronic pain, hypertension and heart problems
- 300% higher risk of death when compared to those who have not been abused

(Lifespan, 2011)

Assessment Question 1

In the case of Millie described at the beginning of this presentation, which of the following steps would be the most appropriate action for the primary care provider?

Assessment Question 1

a) Inform Millie that she is being exploited by her grandson and that you are required to call the police

b) Advise Millie that you are concerned about her well-being and you want to refer her to speak with a social worker

c) Ask Millie if she wants you to intervene on her behalf and speak to her daughter

d) Tell Millie she needs to stop giving money to her grandson and not allow him in her home

Assessment Question 1: Answer

a) Inform Millie that she is being exploited by her grandson and that you are required to call the police

b) Advise Millie that you are concerned about her well-being and you want to refer her to speak with a social worker (Correct Answer)

c) Ask Millie if she wants you to intervene on her behalf and speak to her daughter

d) Tell Millie she needs to stop giving money to her grandson and not allow him in her home

Assessment Question 2

Elder abuse may include which of the following forms of behavior?

a) Financial exploitation
b) Neglect
c) Abandonment
d) Sexual abuse
e) All of the above

Assessment Question 2: Answer

Elder abuse may include which of the following forms of behavior?

a) Financial exploitation

b) Neglect

c) Abandonment

d) Sexual abuse

e) All of the above (Correct Answer)

Complexity of Identifying Elder Abuse

Elder Abuse: Under-Reported
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Elder abuse is under-reported
- National estimates of one in ten elders who are being abused actually ever get reported
- We do not want to think of an older adult that is being abused
    - We want to think of an older adult as someone who is protected and valued, and is not someone we is going to be a victim of abuse

Elder Abuse: Under-Reported
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Elders often do not report abuse themselves
    - Predominant abusers are family members
        - Abusers often have issues such as chronic mental illness and substance abuse problems, and many of them have both
        - The family system tends to label the abuser as “the problem” and “someone who needs help”

Factors that May Place Elders at Risk of Abuse

Four Risk Factors:

- Research has not definitively identified *predictive* risk factors that characterize victims of elder abuse
- However, researchers suggest the following 4 factors may place an elder at risk for being abused:
  - Individual Characteristics:
    - Advanced age (over 75) and female
  - Physical and Mental Health:
    - Diminished mental capacity or cognitive impairment, mental disorder, functional impairment, chronic disease, difficulty with activities of daily living (ADLs), and increasing needs for care

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Enhancement of Geriatric Care for All

(Jones et al., 1997; Tomita, 1982)

Factors that May Place Elders at Risk of Abuse

Risk Factors (Continued):

- Social/Relational Factors:
  - Social isolation (a major risk factor), dependency on caregivers, living with potentially abusive or exploitative caregivers, lack of close familial relationships, lack of community support or access to services
- Economic Factors:
  - Inadequate housing or unsafe conditions in the home

(National Center on Elder Abuse, 1998)

Warning Signs of Types of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Five types of abuse in Illinois:
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Financial exploitation
  - Emotional abuse

(National Center on Elder Abuse, 2016)

Warning Signs of Types of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Physical Abuse:
  - Least reported type of abuse, though the signs are easiest to detect
  - Signs include bruises, black and blue marks, scratches, cuts, welts, lacerations, bone fractures, open wounds, untreated injuries in various stages of healing, broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained

(National Center on Elder Abuse, 2016)

Warning Signs of Types of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Sexual Abuse:
  - Most denied type of abuse among elders
  - Signs may include bruises (black and blue marks) around the inner thighs, genital area, breasts, unexplained STIs, unexplained vaginal or anal bleeding, or torn, stained, or bloody underclothing
  - Can be difficult to get a victim to the hospital to get rape kit done
  - Almost always occurs within someone's home

(National Center on Elder Abuse, 2016)

Warning Signs of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

Neglect

- Willful Deprivation:
  - Not wanting to give care
  - Treatment is not followed through
    - Does not purchase medication, because abuse often want to keep the money
    - Abuser often refused home health services for a victim to keep what they are doing a secret

(National Center on Elder Abuse, 2016; State of Illinois Department on Aging, 2011)

Warning Signs of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

Neglect

- Passive Neglect:
  - Lack of caregiver knowledge or experience
  - Caregiver more open to intervention
  - Signs include:
    - Dehydration, malnourishment, untreated bed sores, poor personal hygiene (e.g. teeth decay), unattended or untreated health problems,
    - Podiatry is a huge indicator (e.g. untrimmed toe nails, infections around toenails)
    - Hazardous or unsafe living conditions/arrangements (e.g. no heat, no running water) or unsanitary and unclean living conditions

(National Center on Elder Abuse, 2016; State of Illinois Department on Aging, 2011)

Warning Signs of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

Financial Abuse

- Signs may include sudden changes in bank accounts or banking practices, including an unexplained withdrawal of large sums of money by a person accompanying the elder; the inclusion of additional names on an elder's bank signature card; unauthorized withdrawal of the elder's funds using the elder's ATM card; or discovery of an elder's signature being forged for financial transactions
- The elder's money is not being used for their own benefit

(National Center on Elder Abuse, 2016)

Warning Signs of Elder Abuse
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

Emotional Abuse

- Signs may include victim may be evasive (e.g. “you better ask my son or daughter about that; I am really not sure”), withdrawal, depression will happen to someone who is being emotionally abused
- Another side commonly seen in practice, but that is limited in the literature, is the overuse from a victim of how great things are and an intensity with their answer
- Non-communicative or non-responsive, being emotionally upset or agitated, or exhibiting unusual behavior usually attributed to dementia (e.g. sucking, biting, rocking)

(National Center on Elder Abuse, 2016)

Assessment Question 3

Which of the following is a risk factor for self-neglect?

a) Dementia

b) Poverty

c) Past trauma

d) Motor and sensory impairment

e) All of the above

Assessment Question 3: Answer

Which of the following is a risk factor for self-neglect?

a) Dementia

b) Poverty

c) Past trauma

d) Motor and sensory impairment

e) All of the above (Correct Answer)

Guidelines for Screening for Abuse

- Ensure privacy and address confidentiality
- Separate survivors from caregivers
- Allow adequate time for response
- Recognize cultural differences
- Progress from general to more specific/direct questions
- Do not blame the older adult who may be victimized
- Do not blame or confront the perpetrator
- Acknowledge that this process may require multiple interviews
- Be attentive to the impact of the screening on the provider-patient relationship

(USPSTF, Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening, 2013)

Screening Tools for Elder Abuse

- Agency for Healthcare Research and Quality (AHRQ) reviewed screening instruments and suggested the following tools which have evidence from observational studies with consistent results
- Some tools may be copyrighted and require permission for use

Screening Tools to Assess Elder Abuse	Links
Practical Method for Grading the Cognitive Status of Patients for the Clinician: • Mini-Mental Status Examination (MMSE) Now COPYRIGHTED (Folstein et al., 1975)	Now COPYRIGHTED

(National Guideline Clearinghouse, 2011; Daly, 2010)

Screening Tools for Elder Abuse

Screening Tools to Assess Elder Abuse	Links
Elder Abuse Suspicion Index© (Yaffe et al., 2008)	https://www.medicine.uiowa.edu/uploadedFiles/Departments/FamilyMedicine/Content/Research/Research_Projects/easi.pdf
Elder Assessment Instruments (EAI) (Fulmer, 2003)	http://www.medicine.uiowa.edu/uploadedFiles/Departments/FamilyMedicine/Content/Research/Research_Projects/elder.pdf

(National Guideline Clearinghouse, 2011; Daly, 2010)

Screening Tools for Elder Abuse

Screening Tools to Assess Elder Abuse	Links
Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) (Hwalek & Sengstock, 1986)	https://www.medicine.uiowa.edu/uploadedFiles/Departments/FamilyMedicine/Content/Research/Research_Projects/hwalek.pdf
Indicators of Abuse Screen (IOA) (Reis & Nahmiash, 1998)	http://ccerap.org/images/stories/pdf/newsletters/links/ioa.pdf
Partner Violence Screen (PVS) (Feldhaus et al., 1997)	https://www.medicine.uiowa.edu/uploadedFiles/Departments/FamilyMedicine/Content/Research/Research_Projects/partner.pdf

(National Guideline Clearinghouse, 2011; Daly, 2010)

Risk Factors for Self-Neglect

- **Risk Factors:** The risk factors for self-neglect vary and often reflect underlying behavioral health comorbidities, cognitive impairment, and/or relational problems
  - Depression or other psychiatric illness
  - Substance misuse, including medication non-adherence and/or misuse
  - Cognitive impairment or dementia

(Pavlou & Lachs, 2008)

Risk Factors for Self-Neglect

Risk Factors (Continued)

- Chronic illness
- Motor and sensory impairment
- Poverty
- Adverse life events
- Social isolation or lack of social support
- Pride in independence (i.e. fear of losing independence or privacy)

(Pavlou & Lachs, 2008)

Self-Neglect Screening
Interview with Expert: Louise Starmann, LCSW

Older Adults with Self-Neglect have Strengths and Capacity Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Individuals who experience self-neglect have strengths and capacities in many areas of their lives, yet they are unable to make decisions that are necessarily

  in their own best interest

(Pavlou & Lachs, 2008)

Challenges Identifying and Assessing Self-Neglect
Expert Interview, Louise Starmann, LCSW

Listen to Our Expert Discuss:

- Three important areas in working with self-neglect
  - Access
    - How do you maintain access to someone who does not want you there and did not ask for your help?
    - Older adults often think they are “doing just fine”
  - Evaluating capacity
    - How do you evaluate capacity when you may not have access?
  - Respecting the right for self-determination, while also being able to acknowledge that the risk may be too great

Challenges Identifying and Assessing Self-Neglect
Expert Interview, Louise Starmann, LCSW

Danger Signs of Self-Neglect

- Life threatening self-neglect
- People who are malnourished; infestations of insects and rodents; hoarders; placing themselves in danger because they are not capable of even getting to their bathroom

Possible Interventions

- Case management system to try to intervene face-t0-face with the victim
- Important that health professionals present as interested in them and their values; convey that they are not bringing forth an agenda

- *Referral Cue: Social workers are expert, "beginning where the victim is" or "it is very difficult to maintain access"*

Challenges Identifying and Assessing Self-Neglect
Expert Interview, Louise Starmann, LCSW

- Look at decisional capacity
  - As long as access is maintained, health professionals can begin the process of making some early determination as to whether or not this individual does not have capacity
  - Determining if an older adult who self-neglects has capacity to make decisions for oneself can be difficult
  - Decision-making capacity can fluctuate over time

(Pavlou & Lachs, 2008)

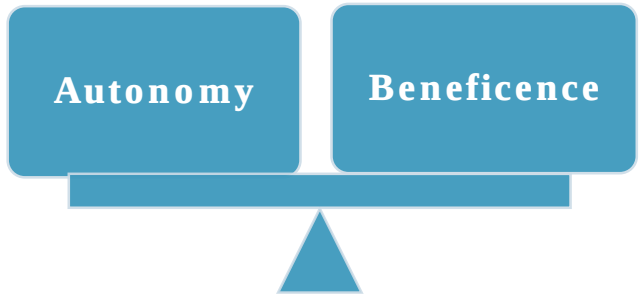
Older Adult Self-Determination and Self-Neglect

Ethical Perspective

- Autonomy and beneficence are of paramount concern in considering older adults who self-neglect but may be in conflict
- Autonomy requires a professional commitment to respect the decisions of competent adults
- Beneficence requires a professional commitment to act in an elder's best interests
- *Referral Cue: When these values come into conflict, it is important to confer with colleagues to ensure we follow the most appropriate course of action*

Capacity for Self-Care and Self-Perception

- Clinicians seek to balance respect for autonomy and commitment to beneficence
  - Is my older adult patient able to make and implement decisions regarding personal needs, health, and safety?
- The capacity to make decisions may remain intact
- Capacity to identify and extract oneself from harmful situations, circumstances, or relationships may be compromised or diminished



Elder Self-Neglect Indicators

Financial Indicators
Unopened or unpaid bills
Utility shut-off due to non-payment

Environmental Indicators
Lack of food, heat, water
Animal or insect infestation
Unsuitable housing due to: • Disrepair • Inaccessibility • Lack of utilities
Hoarding
Excessive number of pets

Elder Self-Neglect Indicators

Physical Indicators

Poor personal hygiene:

- Dirty skin or nails
- Matted hair
- Soiled clothing
- Odors of urine and/or feces

Physical Indicators

Untreated medical conditions:

- Infections
- Lacerations
- Insufficient or improper clothing
- Absence of personal affects (e.g. glasses, dentures, or walkers)

Elder Self-Neglect Screening Tools

Tools to Assess Elder Self-Neglect	Link Some tools may be copyrighted and require permission for use
Practical Method for Grading the Cognitive Status of Patients for the Clinician: Mini-Mental Status Examination (MMSE) (Folstein et al., 1975) Now COPYRIGHTED	Now COPYRIGHTED
Clock Drawing Test (Shulman, 2000)	https://www.healthcare.uiowa.edu/igec/tools/cognitive/clockDrawing.pdf
Bill Paying Test (Sherman, 2008)	http://www.ncbi.nlm.nih.gov/pubmed/18312018

Elder Self-Neglect Screening Tools

Tools to Assess Elder Self-Neglect	Link Some tools may be copyrighted and require permission for use
Geriatric Depression Scale (Yesavage et al., 1982)	https://consultgeri.org/try-this/general-assessment/issue-4.pdf
Alcoholism CAGE Questionnaire (Ewing, 1984)	http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm
Self-Neglect Severity Scale (SSS) (Dyer et al., 2006)	http://www.ncbi.nlm.nih.gov/pubmed/17972656

Assessment Question 4

In cases when a health care professional suspects abuse of an elderly patient the professional is mandated (in many states) to report the abuse to Adult Protective Services:

a) Upon suspecting the abuse

b) Only after speaking with the patient to assess her/his competence

c) After obtaining the patient's consent

d) Unless the health care professional is a social worker there is no obligation to report suspected abuse

Assessment Question 4: Answer

In cases when a health care professional suspects abuse of an elderly patient the professional is mandated (in many states) to report the abuse to Adult Protective Services:

a) Upon suspecting the abuse

b) Only after speaking with the patient to assess her/his competence (Correct Answer)

c) After obtaining the patient's consent

d) Unless the health care professional is a social worker there is no obligation to report suspected abuse

Management Principles

Mandated Reporting of Elder Abuse and Elder Self-Neglect

- When elder self-neglect is suspected, many states have mandated reporting laws
- Vary by state and change periodically
- Generally cover most health care professionals (National Adult Protective Services Association, 2016)
- National Adult Protective Services Association (NAPSA) has helpful resources
  - http://www.napsa-now.org/wp-content/uploads/2014/11/Mandatory-Reporting-Chart-Updated-FINAL.pdf
  - NCEA, state resources: https://ncea.acl.gov/resources/state.html

Mandated Reporting of Elder Abuse and Elder Self-Neglect

Pros
• Can promote safety for elders who otherwise might not seek services
• Informs Adult Protective Services regarding prevalence and incidence rates
• Provides an opportunity for the older adult to seek help that may not be available without competent reporters

(Mindlin & Brandl, 2011)

Mandated Reporting of Elder Abuse and Elder Self-Neglect

Cons
• Can undermine elder's autonomy
• May prevent some elders from disclosing or seeking assistance
• May damage the provider-patient relationship
• Can be an ageist policy that treats people differently based solely on age

(Mindlin & Brandl, 2011)

Making a Report to Adult Protective Services (APS)

How to Make a Report to local Adult Protective Services

- Call the police at 911 if the elder is in immediate, life-threatening danger
- If there is not an immediate life-threatening danger, make the call to the state APS
  - http://www.napsa-now.org/get-help/help-in-your-area/
- You do not need to prove the abuse is occurring; APS will investigate

Making a Report to Adult Protective Services (APS)

How to Make a Report to local Adult Protective Services (Continued)

- Be prepared to provide the name, address, and contact information for the elder, as well as details about your concern
- The person making the report will be asked his/her name and contact information, but this information will not be released to the alleged abuser or to the elder

Adult Protective Services

- Goal to promote safety, independence, and quality of life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated and who are unable to protect themselves
- Balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination
  - Affirm that all competent adults may accept or decline an assessment and/or services

(National Adult Protective Services Association, 2016)

Adult Protective Services

- Investigate and assess the older person's unique needs and then develop a service plan to maintain the person's safety, health and independence
- *Referral Cue: Communicate with interprofessional teams: law enforcement officers, nurses, paramedics, physicians, social workers*
- Differ from state to state, definitions of abuse, client eligibility and resources
- APS provides ongoing monitoring of interventions plan for up to 15 months

[not in narration]

(National Adult Protective Services Association, 2016)

Assessment Question 5

Competent adults may refuse Adult Protective Services even if they are being physically abused

a) True

b) False

Assessment Question 5: Answer

Competent adults may refuse Adult Protective Services even if they are being physically abused

a) True (Correct Response)

b) False

Patient Self-Care and Education Strategies

Working with Elders When You Are a Mandated Reporter

Prior to Interview and Making the APS Report:

- Advise the elder about confidentiality and its limits
    - Be sure the elder understands (before any disclosure) what may happen if she/he discloses abuse or neglect
- Inform the elder that you will be making a report
    - Tell the elder of the scope; offer to include them in the reporting
    - Discuss with the elder the possible reactions and consequences to them and their caregivers and/or perpetrators
    - Devise a safety plan

(Mindlin & Brandl, 2011)

Working with Elders When You Are a Mandated Reporter

Reporting the Abuse

- Contact the appropriate agency
- Document that the report has been made
- Frame the mandated report by stating to the patient, “I have some concerns...”

(Mindlin & Brandl, 2011)

Adult Protective Service Plan Implementation

APS Takes Responsibility For:

- Receiving reports of elder/vulnerable adult abuse, neglect, and/or exploitation
- Investigating these reports
- Assessing victim's risk
- Assessing victim's capacity to understand his/her risk and ability to give informed consent
- Developing case plan with necessary services

(National Center on Elder Abuse, 2016)

Adult Protective Service Plan Implementation

- Arranging for emergency shelter, medical care, legal care, and supportive services, as needed
- Service monitoring
- Evaluation
- Keep in mind: Competent adults may decline any or all services offered

(National Center on Elder Abuse, 2016)

Adult Protective Service Plans
Types of Services

- APS case service plans are tailored to the unique needs of the older adult and may include an array of services including:
  - In–home or other health care
  - Nutrition services
  - Adult day services
  - Respite care for the caregiver

Adult Protective Service Plans: Types of Services

- Housing assistance
- Financial or legal assistance and protections, such as representative payee, direct deposit, trusts, order of protection, civil suit or criminal charges
- Counseling referral for the victim and the abuser
- When needed, guardianship proceedings or nursing home placement
- Emergency responses for housing, food, and physical and mental health services

After the Report to Adult Protective Services

- Ongoing care and management of elders who have experienced abuse and/or self-neglect often requires interprofessional collaboration
- *Referral Cue: The appointment of a (new) guardian or other legal surrogate may be necessary to prevent placement of the elder in a long-term care facility*
- In cases of self-neglect, elders often can continue to live in the community with interventions designed to ameliorate some or all gaps in the performance of self-care and self-protection domains

After the Report to Adult Protective Services

- Interprofessional teams can develop interventions to target specific impairments to address the identified needs of the elder
- Some examples:
  - Treatment for depression
  - Providing a transfer bench for the bathroom
  - Reducing the effort needed to accomplish a task (e.g. engaging a home health nurse to assist with medication management, arranging for homemaker services, etc.)

After the Report to Adult Protective Services

- The interprofessional team is also essential to the evaluation and ongoing monitoring of the plan's effectiveness

Resources

http://aging.slu.edu/index.php?page=rapid-cognitive-screen-assessment-tool Accessed October 28, 2016
http://aging.slu.edu/index.php?page=saint-louis-university-mental-status-slums-exam October 28, 2016
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